MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04608

Reg. Dist. No. 330

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico Co.

City or town Mardela Springs Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3rd days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Mardela Springs Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.F.D. # 2
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lillian Emma Adams

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	C	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31st 19[illegible]

8. AGE: Years | Months | Days: 3 | If less than one day: 12 hrs. min.

9. Birthplace Mardela Springs, Wic., Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Floyd adams

FATHER 13. Birthplace Mardela Springs, Md

MOTHER 14. Maiden name Hattie Kelly

MOTHER 15. Birthplace Pocomoke, Md

16. Informant father Floyd Adams

Address Mardela Springs, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-4-40 (month) (day) (year)

Cemetery or crematory ~~Mardela~~ John Wesley

Location Mardela Springs, Md

18. Funeral director

Address

19. 4/4/40 (Date rec'd by registrar) 19 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 19 40, at 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-31- 19 40, to 4-3- 19 40 and that I last saw h[illegible] alive on 4-[illegible] 19 4[illegible].

Immediate cause of death Congenital atresia of duodenum — DURATION 3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy Congenital atresia of duodenum

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J.A. Rademacher M.D.
M. D. or other

Address 1120 Main St. Salisbury Maryland Date signed 4/20/40

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04609

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: East Church St.

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1401 East Church St.,
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Elijah Strasbury Adkins

3. (b) Social Security Number: ✓

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Matilda H. Adkins

6 (c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): Feb. 16, 1861.

8. AGE: Years: 79 Months: 1 Days: 23 If less than one day: hrs. min.

9. Birthplace: Wicomico Co., Md.
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Carpenter

FATHER
12. Name: James Adkins
13. Birthplace: Wicomico Co., Md.

MOTHER
14. Maiden name: Elizabeth Adkins
15. Birthplace: Wicomico, Co., Md.

16. Informant: Mrs. George A. Morris,
Address: N. Division St., Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4/11/40 (month) (day) (year)

Cemetery or crematory: Parsons

Location: Salisbury, Md.

18. Funeral director: The Hill & Johnson Co.,
Address: Salisbury, Md.

19. 4/11, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 9, 1940, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Medical Examiner 19 , to 19 , and that I last saw alive on Certificate 19 .

Immediate cause of death: Coronary Thrombosis — DURATION: Instant death

Due to: Chronic myocarditis — 2 yrs

Due to: Arteriosclerosis — 2 yrs.

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. A. Rademaker M.D. Deputy Med. Examiner
M. D. or other

Address: Salisbury, Md. Date signed: 4-11-40

RECEIVED
MAY 8 1940
BUREAU V. S.

Dr. Rademaker

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 147-E

04610

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

M

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P.G. Hoyt.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED.

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 105 Brooklyn ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Recie Ann Bounds Baker

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Calvin Baker

6(c) If alive, give age 20 years

7. Birth date of deceased (mo., day, yr.) April 23, 1923

8. AGE: Years 16 | Months 11 | Days 22 | If less than one day ___ hrs. ___ min.

9. Birthplace Siloam Md. (Town, county, and state)

10. Usual occupation House wife

11. Industry or business at Home

FATHER

12. Name Luther H. Bounds

13. Birthplace Siloam Md.

MOTHER

14. Maiden name Recie Banks

15. Birthplace Siloam Md.

16. Informant Luther H. Bounds

Address Siloam Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 17. 1940 (month) (day) (year)

Cemetery or crematory Siloam Cem.

Location Siloam Maryland

19. Funeral director Holloway & Co. Walter K. Holloway

Address Salisbury Maryland

19. 4/17, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15th 1940, at 1 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 9 1940, to April 15 1940, and that I last saw her alive on April 15 1940

Immediate cause of death: Puerpal sepsis — DURATION 5 days

Due to Following Caesarean op. for materno-fetal disproportion

Due to

Other conditions Pregnancy at term

(Include pregnancy within 3 months of death)

Major findings:

Of operations materno fetal disproportion - large baby - no engagement after 2 days labor

Of autopsy not done

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Cause of injury Injured at work?

23. SIGNATURE Dr. Rademaker M.D.

M. D. or other

Address Salisbury, Md. Date signed 4/17/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 8 1940
BUREAU V. S.

04611

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 407 Hazel Ave

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 407 Hazel Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Wade H. Bedsworth

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ida M. Bedsworth

8(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) May 12, 1874.

8. AGE:

Years	Months	Days	If less than one day
65	11	18	hrs. min.

9. Birthplace Mardela Springs, Wicomico, Md. (Town, county, and state)

10. Usual occupation Retired

11. Industry or business Game Warden

FATHER

12. Name James L. Bedsworth

13. Birthplace Wicomico Co., Md.

MOTHER

14. Maiden name Elizabeth J. Lowe

15. Birthplace Wicomico Co., Md.

16. Informant Mrs. Wade H. Bedsworth

Address 407 Hazel Ave., Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/3/40 (month) (day) (year)

Cemetery or crematory Wicomico Memorial Park

Location Salisbury, Md.

18. Funeral director The Hill & Johnson Co.,

Address Salisbury, Md.

19. 5/3, 1940 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1940, at 11:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939, to April 30 1940 and that I last saw him alive on April 30 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION 10 days

Due to Hypertension Chronic nephritis — Uterus

Due to

Other conditions Had had several Cerebral hemorrhages since 1938

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hiner R Mann M. D. or other

Address Salisbury Md Date signed 5/2/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WITHIN CORPORATE LIMITS OF

(M) (T) (I)

RECEIVED
MAY 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04612

92-d

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 337

Village or City Nanticoke No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary H. Bradshaw If U. S. Veteran, specify WAR

(a) Residence: No. Nanticoke St., Ward. No Social Security no

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bradford Bradshaw

6. DATE OF BIRTH (month, day, and year) Dec 25 1884

7. AGE: Years 55 Months 3 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nanticoke Md

FATHER

13. NAME Wm J. Braxton

14. BIRTHPLACE (city or town) (State or country) Nanticoke Md

MOTHER

15. MAIDEN NAME Hester Evans

16. BIRTHPLACE (city or town) (State or country) Nanticoke Md

17. INFORMANT (Address) Bradford Bradshaw Nanticoke, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Nanticoke Md Date April 25, 1940

19. UNDERTAKER (Address) Mrs A. G. Messick & Sons Bivalve Md

20. FILED 4-24, 1940 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 23 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1940 to April 23, 1940

I last saw h elive on April 22, 1940 death is said to have occurred on the date stated above, at 9.30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Endocarditis

Duration not stated. C.W.G.R.

Date of onset

Other Contributory Causes of importance:

Chorea.

No.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) D. Allen Field M. D.

(Address) Nanticoke Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 7 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 93-D

Reg. Dist. No. 337

04613

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Bivalve (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 7 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Bivalve (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence M. Brewington

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Celeste Brewington

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 31 1854

8. AGE: Years 86 Months Days 10 If less than one day hr. min.

9. Birthplace Salisbury Md (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name Scott Brewington

13. Birthplace Salisbury Md

MOTHER 14. Maiden Name Leah Anderson

15. Birthplace Deals Island Md

16 (a) Informant Celeste Brewington

(b) Address Bivalve, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-40 (month) (day) (year)

(c) Cemetery or crematory Parsons Cem.

Location Salisbury Md

18 (a) Funeral director Mrs. [illegible] & Sons

(b) Address Bivalve Md

19 (a) 4-14-40 (Date rec'd by registrar) (b) R. Woolford Walter Registrar

MEDICAL CERTIFICATION

20. Date of death 4-13-40 19 , at 10-15 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw him alive on 19 .

Immediate cause of death Arteriosclerosis Cronic Myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William Emmons M. D. or other

Address Helen Md Date signed April 14th

RECEIVED
MAY 7 1940
BUREAU V. S.

Dr. Wanner

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-L

CERTIFICATE OF DEATH

04614

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:
County Wicomico Co
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 517 Howard
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)
State Md. County Wicomico Co
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 508 Camp
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ella N. Brown
3. (b) Social Security Number None

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widow
(b) Name of husband or wife Alfred N. Brown
(c) If alive, give age Dead years
7. Birth date of deceased (mo., day, yr.) June 4-1864
8. AGE: Years 75 Months 10 Days 3 If less than one day hrs. min.
9. Birthplace Bridgeville Del. (Town, county, and state)
10. Usual occupation Home wife
11. Industry or business at Home
FATHER 12. Name Thomas Jones
13. Birthplace Bridgeville Del
MOTHER 14. Maiden name Charlotte Davis
15. Birthplace Bridgeville Del.
16. Informant Mrs Sadie L. Ellis
Address 517. Howard st. Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 9-40 (month) (day) (year)
Cemetery or crematory Wic. Mem. Park
Location Salisbury Md.
18. Funeral director Hollowell & C. Walter R. Hollowell
Address Salisbury Md.
19. 4/9/40 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7-1940 (11.9 P.M.)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939 to Apr 7 1940
and that I last saw h[illegible] alive on Apr 7 1940

Immediate cause of death	DURATION
Chronic myocarditis	1939
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Wanner M.D.
M. D. or other
Address Salisbury Date signed Apr 1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

04615

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: RD #3
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 35 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: RD #3
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George Edward Brumbley

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Martha Brumbley
6(c) If alive, give age: 63 years
7. Birth date of deceased (mo., day, yr.): May 16-1874
8. AGE: Years 65 Months 11 Days 11 If less than one day ___ hrs. ___ min.
9. Birthplace: Worcester Co. Md.
(Town, county, and state)
10. Usual occupation: Tennant Farmer
11. Industry or business
FATHER
12. Name: George Brumbley
13. Birthplace: Worcester Co. Md.
MOTHER
14. Maiden name: Martha Pusey
15. Birthplace: Worcester Co. Md.
16. Informant: Mrs. Martha Brumbley
Address: RD #3 Salisbury Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 19-1940 (month) (day) (year)
Cemetery or crematory: Parsons Cem.
Location: Salisbury Md.
18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Md.
19. 4/19/1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 17th 1940 (5 a M)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1938, to Apr. 17 1940, and that I last saw him alive on Apr. 16 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage with cardiac failure	3 days
Due to Arterio Sclerosis & Cerebral Hemorrhage	18 mos.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Bethman Ave. Date signed: Apr 19 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M)

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-a)

04616

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 6 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Worcester

City or town Rural, Near Pocomoke Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Emma Butler

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Chas M. Butler

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1910

8. AGE:

Years	Months	Days	If less than one day
29	4	0	hrs. min.

9. Birthplace Near Princess Anne, Somerset, Md
(Town, county, and state)

10. Usual occupation

11. Industry or business housewife

FATHER
12. Name W. F. Culver
13. Birthplace Md

MOTHER
14. Maiden name Lena Howard
15. Birthplace Md

16. Informant Charles Butler

Address Pocomoke City, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 8, 1940 (month) (day) (year)

Cemetery or crematory Butler Cemetery

Location Near Pocomoke

18. Funeral director Margarette H. Watson

Address Pocomoke City, Md

19. 4/8, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6th 1940, at 6:25 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Mch 29th 1940, to April 6th 1940, and that I last saw her alive on April 1940.

Immediate cause of death: Cerebral Embolism — DURATION: 2 days

Due to Hemiatomy

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Umbilical Hernia
Chronic Appendicitis
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. F. Fisher, M.D.
M. D. or other

Address Salisbury, Md Date signed 4/8/40

RECEIVED
MAY 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04617

(46 B)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 332

Village or City Pittsville, rural No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where daath occurrad 3 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Martha E. Calhoon.

(a) Residence: No. Pittsville, rural St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W Calhoon

6. DATE OF BIRTH (month, day, and year) June 8. — 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	10	12.	

OCCUPATION

8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Data deceased last workad at this occupation (month and yaar) life

11. Total tima (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME ~~Joshua~~ Isaah Ellis

14. BIRTHPLACE (city or town) (Stata or country) Delaware

MOTHER

15. MAIDEN NAME Hettie Townsend

16. BIRTHPLACE (city or town) (Stata or country) Delaware

17. INFORMANT Norman Calhoon (Address) Ocean View Del.

18. BURIAL, CREMATION, OR REMOVAL Place St Georges Cem Near Millsboro Del. Date Apr 23, 1940

19. UNDERTAKER Wm Howard Wells (Address) Pittsville Md

20. FILED Apr. 22, 1940. Lillian R. Davis Registrar. Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 20 (Day), 1940 (Yaar)

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1940, to April 20, 1940

I last saw her alive on April 14, 1940; death is said to hava occurred on tha date stated above, at 11.45 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:

	Date of onset
Carcinoma of Stomach	

Other Contributory Causes of Importance:

Senility	

Nama of operation Date of

What test confirmed diagnosis? Was thera an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseasa or injury in any way related to occupation of deceased?

If so, specify No

(Signed) V. G. Hudson M. D.

(Address) Millsboro, Del.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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MAY 8 1940
VITAL STATISTICS

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 170 121

Reg. Dist. No. 333

CERTIFICATE OF DEATH

04618

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: P. G. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Parsonsburg Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Freeman Collins

3 (b) If veteran, name war

3 (c) Social Security No. none

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ethel Parker

6. (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 28 | Months — | Days — | If less than one day ___ hr. ___ min.

9. Birthplace Parsonsburg Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business State Roads Comm.

FATHER
12. Name Harry Collins
13. Birthplace Parsonsburg

MOTHER
14. Maiden Name Julia Ryder
15. Birthplace Parsonsburg

16 (a) Informant Ethel Collins
(b) Address Parsonsburg Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/40 (month) (day) (year)
(c) Cemetery or crematory Parsonsburg Cem. Md.
Location

18 (a) Funeral director Mrs. S. G. Mesnick Bond
(b) Address Hebron Md.

19 (a) 4/30/40 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 27, 1940, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Medical Examiner certificate, to 19, and that I last saw him alive on 19.

Immediate cause of death Intraabdominal Hemorrhage

Due to Ruptured spleen

Due to

Other conditions Hemothorax - Fractured ribs (2-3-4 & 6) left.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above.

Duration: 2 hrs

PHYSICIAN
Underline the cause to which death should be charged atatistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 4-27-40
(c) Where did injury occur? Parsonsburg (City or town) Wicomico (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public highway (Specify type of place) While at work? No
(e) Means of injury Train collided with auto

23. Signature L. A. Rachmeister M.D. Deputy medical examiner M. D. or other

Address Salisbury Md Date signed 4/30/40

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1940
BUREAU V. S.

04619

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 195-51

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General

Stay in hospital or inst. (yrs., or mos., or days) 2 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Pittsville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Willard Dennis

3. (b) Social Security Number

4. Sex Male

5. Color or race W

6. (a) Single, married, widowed, or divorced Single.

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1876

8. AGE: Years 63 Months 8 Days 28 If less than one day hrs. min.

9. Birthplace Pittsville Md. (Town, county, and state)

10. Usual occupation Farming & Trucking.

11. Industry or business

FATHER 12. Name Washington R. Dennis

13. Birthplace Pittsville, Md.

MOTHER 14. Maiden name Rosie Clayville

15. Birthplace Pittsville Md.

16. Informant Mrs Minnie Stockley.

Address Pittsville, Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof 4/13/40 (month) (day) (year)

Cemetery or crematory Grace M. P. Cemetery.

Location Pittsville Md.

18. Funeral director Wm. Howard Wells.

Address Pittsville Md.

19. 4/11 1940 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1940, at 11A 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 9 1940, to April 11 1940, and that I last saw him alive on April 11 1940.

Immediate cause of death general peritonitis — DURATION 2 days

Due to Ruptured ileum — 2 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Ruptured ileum, torn mesentery, intraabdominal hemorrhage

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide accident Date of 4-9-40

Where did injury occur? Pittsville (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?) Lumber mill

Means of injury struck in abd. by timber Injured at work? yes

23. SIGNATURE J. A. Rademacher M.D. Deputy Medical Examiner M. D. or other

Address Salisbury, Md Date signed 4-11-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAY 8 1940
BUREAU V. S.

04620

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 52

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula General Hospital
Stay in hospital or inst. (yrs., or mos., or days): 11 days
Stay in this community (yrs., or mos., or days): 48 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1700 N. Division St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: John M. Elderdice

3. (b) Social Security Number: ✓

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Edna Adkins Elderdice
6(c) If alive, give age: 59 years
7. Birth date of deceased (mo., day, yr.): June 21, 1879.

8. AGE: Years: 60 Months: 9 Days: 10 If less than one day: hrs. min.

9. Birthplace: Martinsburg, W. Va.
(Town, county, and state)
10. Usual occupation: Doctor
11. Industry or business: M. D.
FATHER
12. Name: James M. Elderdice
13. Birthplace: Emmitsburg, Md.
MOTHER
14. Maiden name: Emmity Virdin
15. Birthplace: Kent Co., Delaware
16. Informant: Mrs. John M. Elderdice,
Address: Salisbury, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4/12/40 (month) (day) (year)
Cemetery or crematory: Parsons
Location: Salisbury, Md.
18. Funeral director: Re Hill & Johnson Co.
Address: Salisbury, Md.
19. 4/12, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 10, 1940, at 9.55 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1939, to April 10 1940, and that I last saw him alive on April 10 1940.

Immediate cause of death: Rheumatic Heart Disease — DURATION: mo's
Due to: Rheumatic Fever in 1930
Due to:
Other conditions: —
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: No Date of
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: — Injured at work?

23. SIGNATURE: [illegible] M. D. or other
Address: Salisbury Date signed: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 3 1940
N.A.U.T.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 331

CERTIFICATE OF DEATH

04621

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Hebron (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 35 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Hebron (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Adina Elliott

3 (b) If veteran, name war

3 (c) Social Security No. none

4. Sex Male

5. Color or race white

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Nellie Ellis Elliott

6. (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) July 16, 1879

8. AGE: Years 60 Months 8 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace Mardella Springs (Town, county, and state)

10. Usual occupation Carpenter (House)

11. Industry or business

FATHER

12. Name Irvin Elliott

13. Birthplace Mardela Md.

MOTHER

14. Maiden Name Phyllis Bradley

15. Birthplace Delmar Delaware

16 (a) Informant Mrs. Nellie Elliott

(b) Address Hebron, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/40 (month) (day) (year)

(c) Cemetery or crematory Hebron Cemetery

Location Hebron Md.

18 (a) Funeral director Mrs. C. G. Messick & Sons

(b) Address Hebron, Md.

19 (a) 4/13/40 (Date rec'd by registrar) (b) Mrs J. M. Wallace Registrar

MEDICAL CERTIFICATION

20. Date of death 4/11/'40 19__, at 5P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 11th 1940, to April 11th 1940, and that I last saw him alive on April 11th 1940

Immediate cause of death Coronary thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William Emrich M. D. or other

Address Hebron Md. Date signed 4/13/40

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04622

Reg. Dist. No. 332

1. PLACE OF DEATH:
County: Wicomico
City or town: Pittsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: R.D. #1.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Pittsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R.D. #1.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Clara Estelle Ennis
3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Joseph Ennis
6(c) If alive, give age: 51 years
7. Birth date of deceased (mo., day, yr.): May 23, 1890
8. AGE: Years 49 | Months 10 | Days 27 | If less than one day ___ hrs. ___ min.
9. Birthplace: R.D. Parsonsburg Md (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: at Home
FATHER
12. Name: John W. Kelley
13. Birthplace: R.D. Parsonsburg Md
MOTHER
14. Maiden name: Lavenia J. Layfield
15. Birthplace: Parsonsburg Md.
16. Informant: Mrs. Hester Ennis
Address: Ocean City Maryland.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 22, 40 (month) (day) (year)
Cemetery or crematory: Parsonsburg Cem.
Location: Parsonsburg Md.
18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Md
19. Apr. 22 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 20th 1940 at 5:15 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1939, to April 20 1940, and that I last saw her alive on April 20 1940.

	DURATION
Immediate cause of death: Hemorrhage from lungs result of mestasses	48 hours
Due to: Cancer of right breast same lung removed	3 years ago
Due to:	
Other conditions: Thrombosis left leg same lung amputated (Include pregnancy within 3 months of death)	12 years ago

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ___ Date of ___
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ___ Injured at work?

23. SIGNATURE: Charles F. Brown M.D. M. D. or other
Address: Salisbury Md Date signed: 4/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH 04623

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (82)

County Wicomico Registration Dist. No. 331

Village or City Quantico No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertie Fraley

(a) Residence: No. Quantico St., Ward. no Social Security no.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Freny

6. DATE OF BIRTH (month, day, and year) aug 13 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tyaskin Md (State or country)

FATHER

13. NAME James E. B. Horner

14. BIRTHPLACE (city or town) Tyaskin Md (State or country)

MOTHER

15. MAIDEN NAME Jennie Fraley

16. BIRTHPLACE (city or town) Tyaskin Md (State or country)

17. INFORMANT Thomas Freny (Address) Girdletree Md

18. BURIAL, CREMATION, OR REMOVAL Place Quantico, Md Date april 26 1940

19. UNDERTAKER Mrs. G. B. Messick & Sons (Address) Girdletree, Md

20. FILED April 26, 1940 Mrs J. M. Wallace Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH april (Month) 24 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 19 40 to April 24 19 40

I last saw h alive on April 24 19 40; death is said to have occurred on the date stated above, at 2:25 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bulbar Paralyses	
Other Contributory Causes of importance:	
Hypertension	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Allen Field M. D.

(Address) Quantico, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

04624

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula General Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State ✓ County ✓
City or town ✓ Ward No. ✓
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Dead Infant ~~Dent~~ Albert N. Dent

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	✓

6 (b) Name of husband or wife

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) April 28, 1940.

8. AGE: Years Stillborn | Months | Days ✓ | If less than one day ____ hrs. ____ min.

9. Birthplace Salisbury, Wicomico, Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Albert N. Dent
13. Birthplace Springfield, Mass.

MOTHER
14. Maiden name Hester Shiers
15. Birthplace Cambridge, Md.

16. Informant Charles R. Shiers, Jr.,
Address Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/29/40 (month) (day) (year)
Cemetery or crematory Parsons
Location Salisbury, Md.

18. Funeral director Re Hill & Johnson Co.,
Address Salisbury, Md.

19. 4/29/40 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 1940, at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death	DURATION
Stillborn	
Due to Hydrocephalus (congenital)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Arthur Shiers, M.D. M.D. or other
Address Salisbury, Md. Date signed 4-29-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 72a1 Reg. Dist. No. 333

CERTIFICATE OF DEATH

04625

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
(a) County Wicomico
(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Post St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Salisbury (If outside city or town limits, write RURAL and give town)
(d) Street No. Post St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Norlog Gates

3 (b) If veteran, name war (c) Social Security No. X

4. Sex M. | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Brackie Gates

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 45 | Months | Days | If less than one day hr. min.

9. Birthplace Quantico Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Isaac Gates
13. Birthplace Quantico Md.

MOTHER 14. Maiden Name Margaret A. Miles
15. Birthplace Quantico Md.

16 (a) Informant Norman Gates
(b) Address Quantico Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/40 (month) (day) (year)
(c) Cemetery or crematory White Haven, Md.
Location Md.

18 (a) Funeral director Mrs. C. G. Merrick & Sons
(b) Address Hebron Md.

19 (a) 4/4/40 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death 4/1/40 19..., at 8A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 23 1940, to April 1 1940, and that I last saw him alive on April 1 1940

Immediate cause of death Organic Heart Disease of Aortic Stenosis type — Duration Unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. D. Browne M. D. (M. D. or other)
Address Salisbury, Md Date signed 4/3/40

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MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

04626

Reg. Dist. No. 332

1. PLACE OF DEATH:
County Wicomico
City or town Pittsville md R F D No 2
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Wicomico
City or town Pittsville Md R F D No 2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. no
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Sarah Gray

3. (b) Social Security Number no

4. Sex: female
5. Color or race: a a
6. (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Wm Gray
6(c) If alive, give age: dead years
7. Birth date of deceased (mo., day, yr.): about 1870
8. AGE: Years: about 70; Months: —; Days: —; If less than one day: hrs. min.
9. Birthplace: Pittsville md (Town, county, and state)
10. Usual occupation: Domestic
11. Industry or business: no
FATHER 12. Name: Samuel Gandy
FATHER 13. Birthplace: Pittsville md
MOTHER 14. Maiden name: Sarah Johnson
MOTHER 15. Birthplace: Pittsville md
16. Informant: Wm Gandy
Address: Pittsville md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 23 - 1940 (month) (day) (year)
Cemetery or crematory: Glass Hill
Location: Parsonsburg md
18. Funeral director: James H Stewart
Address: Salisbury md
19. Apr. 20 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 19 1940, at 11:55 PM.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1936 to Date of death 1940, and that I last saw her alive on Date of death 1940

	DURATION
Immediate cause of death: Cerebral hemorrhage	(August 1936 to 4-19-40)
Due to: Hypertension	
Arteriosclerosis	10 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Frank Lewis M.D.
M. D. or other
Address: Willards Md — Date signed: 4-21-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 45-C

CERTIFICATE OF DEATH

04627

Reg. Dist. No. 335

1. PLACE OF DEATH:

County Wicomico

City or town Sharptown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward R. Howard

3. (b) Social Security Number

4. Sex M

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Della J Howard

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Jan 22 1868

8. AGE: Years 72 Months 2 Days 21 If less than one day hrs. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Retired Ship Carpenter

11. Industry or business

FATHER 12. Name Joseph Howard

13. Birthplace Md.

MOTHER 14. Maiden name Elizabeth Nicholson

15. Birthplace Md

16. Informant Mrs Glen Owens

Address Sharptown

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 15-1940 (month) (day) (year)

Cemetery or crematory Firemans

Location

18. Funeral director Traverse Bros

Address Sharptown Md.

19. 4/15 1940 (Date rec'd by registrar) Mary R. Banks Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/13 1940, at 2 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/11 1940 to 4/12 1940 and that I last saw him alive on 4/12 1940.

Immediate cause of death Carcinoma of Mouth — DURATION 16 M.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. S. Kuhlman M. D. or other

Address Sharptown Md Date signed 4/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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MAY 6 1940
BUREAU V. S.

04628

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. H 336

1. PLACE OF DEATH:

County Wicomico

City or town Delmar, Md R F D 3
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Delmar Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R-F D 3
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME John Jacob Huey

3. (b) Social Security Number none

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Phoebe Huey

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Feb 14 1871

8. AGE: Years 69 Months 2 Days 8 If less than one day ___ hrs. ___ min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name John Huey
13. Birthplace Pennsylvania

MOTHER
14. Maiden name Sarah DeFevre
15. Birthplace Pennsylvania

16. Informant Phoebe Huey

Address Delmar, Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof 4-24-40
(month) (day) (year)

Cemetery ~~or crematory~~ Wilson

Location Delmar, Md R F D

18. Funeral director Will S. Marvel

Address Delmar, Del

April 24 1940 Harry E Hudson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/22/ 1940, at 12:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1940, to April 22 1940 and that I last saw him alive on April 22 1940.

Immediate cause of death Cerebral Apoplexy

Due to Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION
months
1 year

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles N. Brown Ver MD
M. D. or other

Address Sales Pury Md Date signed 4/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

Dr. Kitts.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

04629

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF

(M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (I) (T)

1. PLACE OF DEATH

County: Wicomico Co

City or town: Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 414 E. Isabella

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Salisbury Ward No.

(If outside city or town limits write RURAL NEAR and give town)

Street No.: 414 E. Isabella

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Gordon D. Hurley

3. (b) Social Security Number: 214-10-6666

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary A. Hurley.

6(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): April 26 1886

8. AGE: Years: 53 Months: 11 Days: 27 If less than one day: hrs. min.

9. Birthplace: Wicomico Co. Allen Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Salisbury Ice Co.

FATHER 12. Name: Theophilus Hurley

13. Birthplace: Selbytown Del.

MOTHER 14. Maiden name: Sarah Wildy

15. Birthplace: Georgetown Del.

16. Informant: Mrs. Mary A. Hurley

Address: 414 E. Isabella St. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 25-40 (month) (day) (year)

Cemetery or crematory: Parsons Cem.

Location: Salisbury Md.

18. Funeral director: Holloway & Co. Walter R. Holloway

Address: Salisbury Md.

19. 4/25, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 23-1940 (2:50 p.m.)

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April first 40 to April 23 40

and that I last saw him alive on April 23 1940

Immediate cause of death: Coronary Sclerosis — DURATION: one month

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE. If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: A. Wilkins, M.D.
M. D. or other

Address: Salisbury, Md. Date signed 4-24-40

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MAY 6 1940
BUREAU V. S.

Dr. Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92nd)

04630

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH: County Wicomico

City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 103 Pond

Stay in hospital or insl. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 21 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 103 Pond (Rural give LOCATION)

2(a) IF VETERAN, NAME WAR Civil War

3. (a) FULL NAME Lambert Hyland

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary Hyland

6(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) March 16 - 1844

8. AGE: Years 96 Months 1 Days 0 If less than one day hrs. min.

9. Birthplace Somerset County Md. (Town, county, and state)

10. Usual occupation retired Farmer

11. Industry or business

FATHER 12. Name (unknown) Hyland

13. Birthplace (unknown)

MOTHER 14. Maiden name Lizzie (unknown)

15. Birthplace (unknown)

16. Informant Mrs. Mary Hyland

Address 103 Pond st. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 18. 1940 (month) (day) (year)

Cemetery or crematory Mitchell Cem.

Location Near Whitesville Delaware

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md.

19. 4/18 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16th 1940 (1030 a M)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1930 to April 16 1940 and that I last saw him alive on April 14 1940

Immediate cause of death Valvular Heart Disease — DURATION unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Henry R Mann M. D. or other

Address Salisbury Md Date signed 4/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04631

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Joe B. Pusey Home
Stay in hospital or inst. (yrs., or mos., or days): 3 yr - 1 mo - 7 ds.
Stay in this community (yrs., or mos., or days): 55 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Joe B. Pusey Home
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: V

3. (a) FULL NAME: Emma F. Lowe

3. (b) Social Security Number: V

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: James E. Lowe, Sr.
6(c) If alive, give age: V years

7. Birth date of deceased (mo., day, yr.): Oct 6, 1863 V.

8. AGE:

Years	Months	Days	If less than one day
77	6	15	____ hrs. ____ min.

9. Birthplace: Pennsylvania
(Town, county, and state)
10. Usual occupation: None V
11. Industry or business:
FATHER 12. Name: Francis Anderson
13. Birthplace: Talbot Co., Md.
MOTHER 14. Maiden name: Sophia Fay
15. Birthplace: Phila., Pa.
16. Informant: Supt., Joe B. Pusey Home
Address: Salisbury, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/23/40 (month) (day) (year)
Cemetery or crematory: Pusey
Location: Salisbury, Md.
18. Funeral director: The Hill & Pusey Co.
Address: Salisbury, Md.
19. 4/23 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 21, 1940, to April 21 1940, and that I last saw he alive on 4-21-40 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur?: (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Philip A. Insley M. D. or other
Address: Salisbury, Md. Date signed 4-21-40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (184)

CERTIFICATE OF DEATH

04632

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Wicomico
County
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: RD-#2
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 71 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. RD#2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Cornelia Amanda Maddox 3. (b) Social Security Number None

4. Sex Female | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Daniel B. Maddox
6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) April 20-1868

8. AGE: Years 71 | Months 11 | Days 13 | If less than one day ____ hrs. ____ min.

9. Birthplace Near Salisbury Md
(Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business At Home

FATHER 12. Name Alexander Carey
13. Birthplace R.D. Salisbury Md

MOTHER 14. Maiden name Elizabeth Winterson
15. Birthplace Wango Md.

16. Informant Daniel B. Maddox
Address RD-#2 Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 4. 1940 (month) (day) (year)
Cemetery or crematory Maddox Cemetery
Location Near Parker Chapel Salisbury Md

18. Funeral director Holloway & Walter R. Holloway
Address Salisbury Md.

19. 4/4 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3rd 1940 (6:30 a.m.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____ and that I last saw him alive on ____ 19____; that death was due to the cause(s) and in the sequence stated below; that to the best of my knowledge and belief no other cause contributed materially to death; that an autopsy was not performed; that the following findings are based on personal knowledge, autopsy, or examination of the body.

Immediate cause of death	DURATION
Gunshot wound of heart & lungs	Instant death
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
OI operations
OI autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of April 3, 1940
Where did injury occur? Salisbury (City or town) Wicomico (County) Md (State)
Injured at home, farm, industry, public place (where?) Farm
Means of injury accidental discharge of shotgun Injured at work? No

23. SIGNATURE J. H. Rademacher Deputy Med. Examiner M. D. or other
Address Salisbury Md Date signed 4-10-40

RECEIVED
MAY 8 1940
BUREAU V. S.

(Dr. Mann)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72-d)

CERTIFICATE OF DEATH

04633

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Wicomico
County
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: RD#4.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 82 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. RD. #4
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Cordelia Morris
3. (b) Social Security Number None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
B (b) Name of husband or wife: Wm Augustus Morris
6(c) If alive, give age: Dead years
7. Birth date of deceased (mo., day, yr.): Oct. 29-1857.
8. AGE: Years 82 Months 5 Days 28 If less than one day hrs. min.
9. Birthplace: RD. #4. Salisbury Md.
(Town, county, and state)
10. Usual occupation: Home Wife
11. Industry or business: at Home
FATHER 12. Name: Peter Dilghman Morris
13. Birthplace: RD #4. Salisbury Md.
MOTHER 14. Maiden name: Martha Morris
15. Birthplace: RD. #4. Salisbury Md.
16. Informant: John James Morris
Address: RD. #4. Salisbury Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 9-40 (month) (day) (year)
Cemetery or crematory: Wic. Mem. Park
Location: Salisbury Md.
18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Md.
19. 4/9 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7th 1940 (5.30 A.M.) at
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 6 19 40 to April 7 19 40
and that I last saw her alive on April 6 19 40

	DURATION
Immediate cause of death: Cerebral Embolism	Few minutes
Due to: Valvular Heart Disease	Unknown
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Hunter R Mann M. D. or other
Address Salisbury Md Date signed 4/8/40

RECEIVED
MAY 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04634

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury Md No. Pen. Gen. Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Horace C Nock If U. S. Veteran, specify WAR

(a) Residence: No. Onancock, Va. St. Accomac

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE N

5. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Married

6. DATE OF BIRTH (month, day, and year) Oct 3 — 1909

7. AGE Years 32 Months 6 Days 18 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York City (State or country)

FATHER

13. NAME John T. Nock

14. BIRTHPLACE (city or town) Accomack Co (State or country)

MOTHER

15. MAIDEN NAME Kate Evans

16. BIRTHPLACE (city or town) Accomack Co (State or country)

17. INFORMANT John E. Nock (Address) Onancock Va

18. BURIAL, CREMATION, OR REMOVAL Place Onancock Date April 23, 1940

19. UNDERTAKER Bundick-Johnson Co (Address) Onancock Va

20. FILED 4/21, 1940 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 21 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1940 to April 21, 1940

I last saw him alive on April 21, 1940; death is said to have occurred on the date stated above, at 11.50 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Amyotrophic Lateral sclerosis	Not
lateral sclerosis	

Other Contributory Causes of Importance:

Name of operation Nil Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. M. Nock M. D.

(Address) Salisbury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 8 1928 BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04635

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (147-E)

County Wicomico Registration Dist. No. 337

Village or City Hanticoke No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Nuttter If U. S. Veteran, specify WAR

(a) Residence: No. Hanticoke St., Ward. No Social Security No.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Nuttter

6. DATE OF BIRTH (month, day, and year) may 7 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1940

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Davis Wharf Va.

FATHER

13. NAME John Parker

14. BIRTHPLACE (city or town) (State or country) Davis Wharf Va.

MOTHER

15. MAIDEN NAME Ella Savage

16. BIRTHPLACE (city or town) (State or country) Davis Wharf Va

17. INFORMANT Thos. Nuttter (Address) Hanticoke Md

18. BURIAL, CREMATION, OR REMOVAL Place Hanticoke Md Date April 15, 1940

19. UNDERTAKER Mrs S B Messick & Sons (Address) Pittsville Md

20. FILED 4-14-40 19 R. Woolford Nuttter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 13 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 19 40, to April 14, 19 40

I last saw h- elive on April 14, 19 40; death is said to have occurred on the date stated above, at 9 a m.

The PRINCIPAL CAUSE OF DEATH and related ceuses of importanco were as follows:

	Date of onset
Septicemia	

Other Contributory Causes of importance: Post Operative in-fection following Caesorian Section

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) D Allen Field M. D.

(Address) Mardela Springs

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED MAY 9 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04636

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury, Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Anderson Road

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Anderson Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME

Palmer (Twin 1.)

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	C	

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 11, 1940

8. AGE: Years	Months	Days	If less than one day
Stillborn			hrs. min.

9. Birthplace: Salisbury, Md. Wicomico
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: George B. Palmer
13. Birthplace: Exmore, Va.

MOTHER
14. Maiden name: Sarah Custis
15. Birthplace: Nardela, Md.

16. Informant: (Mother) Sarah Palmer
Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 11, 1940 (month) (day) (year)

Cemetery or crematory: Salisbury, Md.

Location: Back yard

18. Funeral director: ~~none~~ Geo. B. Palmer
(acting)
Address: Salisbury Md

19. 4/15 (Date rec'd by registrar) 1940 Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 11 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Prematurity	
Syphilis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Harriet E. Johnson, Local Registrar

Address: Salisbury, Md. Date signed: 4-15-40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04637

Reg. Dist. No. 333

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Anderson Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury, Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Anderson Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Palmer (Twin 2.)

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	C	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1940

8. AGE: Years	Months	Days	If less than one day
Stillborn			hrs. min.

9. Birthplace Salisbury, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name George R. Palmer
13. Birthplace Exmore, Va.

MOTHER
14. Maiden name Sarah Custis
15. Birthplace Mardela, Md.

16. Informant (Mother) Sarah Palmer
Address Salisbury, Md.

17. burial (Burial, cremation, or removal. Which?) Date thereof April 11, 1940 (month) (day) (year)

Cemetery or crematory Salisbury, Md.

Location Back yard

18. Funeral director none Geo B. Palmer (acting)
Address Salisbury Md.

19. 4/15 (Date rec'd by registrar) 1940 Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11, 1940, at 6:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---- 19---,
and that I last saw h--- alive on ---- 19---.

Immediate cause of death	DURATION
Prematurity	
Due to Syphilis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Harriet E. Johnson Local Registrar
Address Salisbury, Md. Date signed 4-15-40

RECEIVED
MAY 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-2

04638

CERTIFICATE OF DEATH

Reg. Dist. No. H 336

1. PLACE OF DEATH:

County Wicomico

City or town Delmar, R.F.D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Delmar R.F.D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.F.D.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Patrick Henry Parker

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 23, 1886

8. AGE: Years 53 Months 6 Days 20 If less than one day hrs. min.

9. Birthplace Wicomico County, Md. (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business Farm

FATHER 12. Name Elijah Parker

13. Birthplace Maryland

MOTHER 14. Maiden name Sarah Elliott

15. Birthplace Maryland

16. Informant A. J. Parker

Address Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-16-40 (month) (day) (year)

Cemetery or ~~crematory~~ M. P. Cemetery

Location Delmar, Delaware

18. Funeral director Will S. Marvel

Address Delmar, Del.

April 16, 1940 Harry E. Hudson

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/13/1940 at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 6 1940, to Apr. 13 1940, and that I last saw him alive on Apr. 10 1940.

Immediate cause of death Acute dilatation of stomach, DURATION few minutes

Due to Chronic Myocarditis few months

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. H. Lynch M. D. or other

Address Delmar Del Date signed Apr 14/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (176)

04639

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 Hour

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Bay St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War 5-7-8-46

3. (a) FULL NAME William H. Perry

3. (b) Social Security Number 216-10-028

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret Perry

6(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1894

8. AGE: Years	Months	Days	If less than one day
45	6	24	____ hrs. ____ min.

9. Birthplace West Virginia
(Town, county, and state)

10. Usual occupation Engineer

11. Industry or business Veneer Works

FATHER 12. Name James William Perry

13. Birthplace West Virginia

MOTHER 14. Maiden name Sarah Miller

15. Birthplace West Virginia

16. Informant Mrs. Albertine Mears

Address Wilmington, Del.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-20-40 (month) (day) (year)

Cemetery or crematory Evergreen Cem.

Location Berlin, Md.

18. Funeral director J. W. Burbage

Address Berlin, Md.

19. 4/19 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17th 1940, at 10:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/17 1940, to 4/17 1940, and that I last saw him alive on 4/17 1940.

	DURATION
Immediate cause of death Ventricular fibrillation	
Due to Dying neurosis following conflict in marriage	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 4/17/40

Where did injury occur? Near Berlin, Worcester, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Indefinite

Means of injury Ventricular fibrillation Injured at work? No

23. SIGNATURE Oliver T. Fisher M.D.
Acting Medical Examiner M. D. or other

Address Salisbury Md. Date signed 4/17/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

04640

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Shad Point
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wicomico River
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: House Boat Wico. River
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Robert Emory Porter
3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mrs. Ivy Porter
6(c) If alive, give age: 54 years
7. Birth date of deceased (mo., day, yr.): Nov. 2-1872
8. AGE: Years 67, Months 5, Days 21, If less than one day ___ hrs. ___ min.
9. Birthplace: Tyaskin Md. (Town, county, and state)
10. Usual occupation: Fisherman
11. Industry or business
FATHER
12. Name: John C. Porter
13. Birthplace: Tyaskin Md.
MOTHER
14. Maiden name: Rebecca Smith
15. Birthplace: Tyaskin Md.
16. Informant: Mrs Ivy Porter
Address: 145 Mill St. Penns Grove N.J.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 26-40 (month) (day) (year)
Cemetery or crematory: Parsons Cem.
Location: Salisbury Md.
18. Funeral director: Holloway & Co. Walter R. Holloway Jr.
Address: Salisbury Md.
19. 4/26, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April, 23 1940, at 5:30 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ to ___ 19___, and that I last saw ___ alive on ___ 19___
Immediate cause of death: Accidental Drowning — DURATION: 4-23-40
Due to: Fell from boat in river while fishing
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: 4-23-40
Where did injury occur? Shad point (City or town) Wicomico (County) Md (State)
Injured at home, farm, industry, public place (where?): River
Means of injury: Fell out of boat Injured at work? yes.
23. SIGNATURE: L. A. Radenhauser M.D. Deputy Medical Examiner Wicomico Co. M. D. or other
Address: Salisbury, Md Date signed: 4/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

04641

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Parsonsburg Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Parsonsburg

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Parsonsburg Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Parsonsburg Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mr. Lambert J. Powell

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mrs. Clara M. Powell

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Sept. 11 - 1876

8. AGE:

Years	Months	Days	If less than one day
63	7	1	____ hrs. ____ min.

9. Birthplace Powellsville Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name J. E. Powell
13. Birthplace Powellsville Md.

MOTHER
14. Maiden name Sallie M. Brittingham
15. Birthplace Berlin Md.

16. Informant Mrs. Clara M. Powell
Address Parsonsburg Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 12-1940 (month) (day) (year)

Cemetery or crematory Burial

Location Parsons cemetery Salisbury

18. Funeral director The Hill & Johnson Co. Md.

Address Salisbury, Md.

19. Apr. 12 1940 (Date rec'd by registrar) Lillian R. Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 9:30 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 10 1940 to April 10 1940, and that I last saw h[illegible]ive on April 10 1940.

	DURATION
Immediate cause of death Cardio Renal Disease	1 year
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles M. Brown M.D.
M. D. or other

Address Salisbury Md. Date signed 4/12/40

RECEIVED
MAY 8 1940
BUREAU V. S.

(Dr. Mann)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

04642

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(T)

(I)

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 208 Elizabeth

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 35 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 208. Elizabeth
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Fannie Prag

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

8 (b) Name of husband or wife: Aaron Prag.

6(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): Sept. 15 - 1857

8. AGE: Years 82 Months 6 Days 22 If less than one day ___ hrs. ___ min.

9. Birthplace: Cambridge Md.
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business: at Home

FATHER
12. Name: George H. Nickers
13. Birthplace: Dorchester Co. Md

MOTHER
14. Maiden name: (unknown) Brannock
15. Birthplace: Dorchester Co. Md.

16. Informant: Mrs. Adelle Prag.
Address: 208. Elizabeth st. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 9-40 (month) (day) (year)

Cemetery or crematory: Parsons Cem

Location: Salisbury Md

18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Md.

19. 4/9 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 7th 1940 (1 P.M.) at ___ P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1940, to April 7 1940, and that I last saw her alive on April 6 1940.

Immediate cause of death	DURATION
Volvulus Heard Dues	unknown
Chronic nephritis	unknown
Due to	
Due to	
Other conditions: Hypertension	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ___ Date of ___
Where did injury occur? ___ (City or town) ___ (County) ___ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ___ Injured at work?

23. SIGNATURE: Hiram R. Mann M. D. or other
Address: Salisbury Md Date signed: 4/8/40

RECEIVED
MAY 8 1940
BUREAU N. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04643

95-C

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 337

Village or City Mantuoke Tyaskin No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Sapp If U. S. Veteran, specify WAR

(a) Residence: No. Tyaskin St., Ward. no Social Security no
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
m	w	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Sapp

6. DATE OF BIRTH (month, day, and year) August 23 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) Tyaskin Md
(State or country)

FATHER

13. NAME John F Sapp

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Mary Stanford

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Mrs Virginia Sapp
(Address) Tyaskin Md

18. BURIAL, CREMATION, OR REMOVAL
Place Tyaskin Md Date april 18, 1940

19. UNDERTAKER Mrs C B Hudick & Sons
(Address)

20. FILED 4-17-40, 19 R. Bradford Hattier
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH april (Month) 16 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 15, 19 40 to April 16, 19 40

I last saw h alive on , 19 ; death is said to heve occurred on the date stated above, at 4 P m.

Tha **PRINCIPAL CAUSE OF DEATH** end related causes of importance were as follows:

	Date of onset
Carditis.	

Other **Contributory Causes** of importence:

Pyelitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J Allen Fields M. D.

(Address) Mantuoke Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 9 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Kitts

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04644

93-L

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 400 E. ~~Church~~ Isabella

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 400 E. Isabella (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Emma L. Schmitt (Smith)

3. (b) Social Security Number: None

4. Sex: female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

B (b) Name of husband or wife: Geo. H. Schmitt

B (c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): Jan 7, 1870

8. AGE: Years 70 Months 3 Days 3 If less than one day ___ hrs. ___ min.

9. Birthplace: Balto. Md (Town, county, and state)

10. Usual occupation: Home wife

11. Industry or business: at Home

FATHER

12. Name: Fredick Wieneke

13. Birthplace: Germany

MOTHER

14. Maiden name: Kathrine Wagner

15. Birthplace: Germany

16. Informant: Mrs. Mabel Worthington

Address: 400 E. Isabella st. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 12-40 (month) (day) (year)

Cemetery or crematory: Parsons Cem.

Location: Salisbury Md.

18. Funeral director: Holloway & C. Walter R. Holloway

Address: Salisbury Md.

19. 4/12, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 10. 1940 (6.30 a.m.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-8 1940, to 4-9 1940, and that I last saw her alive on 4-9 1940.

Immediate cause of death: Arteriosclerotic cardio-vascular disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy

DURATION: several months

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: A. W. Kitts, M.D. M. D. or other

Address: Salisbury, Md. Date signed: 4-11-40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04645

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Md. R 7 D 2
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R 7 D 2

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Delaware County Sussex

City or town Ellendale Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME James Wallace Shockley

3. (b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widowed

6.(b) Name of husband or wife Emma Shockley

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1872

8. AGE: Years	Months	Days	If less than one day
67	11	17	hrs. min.

9. Birthplace Sussex County, Del.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER 12. Name Jas. W. Shockley

FATHER 13. Birthplace Delaware

MOTHER 14. Maiden name unknown

MOTHER 15. Birthplace Delaware

16. Informant Geo. Shockley

Address Salisbury Rt. 1

17. Burial (Burial, cremation, or removal, Which?) Date thereof 4/6/40 (month) (day) (year)

Cemetery or crematory Lincoln Cemetery

Location Lincoln + Delmar

18. Funeral director Will S. Mapp

Address Delmar, Del.

19. 4/5 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/7 1940, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1940 to Apr 2 1940 and that I last saw h alive on Apr 7 1940

Immediate cause of death	DURATION
Hemorrhage from carcinoma of Penis	1 day
Due to Carcinoma of Penis	10 mos
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. H. Lynch M. D. or other

Address Delmar Del. Date signed 4/5/1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1940
BUREAU V. S.

Dr. Insley

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04646

95c

CERTIFICATE OF DEATH

Reg. Dist. No. 333

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P.G. Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 months

2. USUAL RESIDENCE (HOME) OF DECEASED.

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 513 Howard

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gladys Tubbs

3. (b) Social Security Number 218-07-7699

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George W. Tubbs

6(c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) April 18- 1912

8. AGE: Years 28 | Months 0 | Days 0 | If less than one day ___ hrs. ___ min.

9. Birthplace Bivalve Md.

(Town, county, and state)

10. Usual occupation Operator

11. Industry or business Shirt Factory

FATHER

12. Name John W. Anderson

13. Birthplace Bivalve Md.

MOTHER

14. Maiden name Ella E. Johnson

15. Birthplace White Haven Md.

16. Informant Mrs Etha Adkins

Address 513 Howard st. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 21- 1940 (month) (day) (year)

Cemetery or crematory M.P. Cem.

Location Bivalve Maryland

18. Funeral director Holloway & C. Walter R. Holloway

Address Salisbury Md.

19. 4/21, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1940 (9 P M)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-16 1940, to 4-18 1940, and that I last saw her alive on 4-18- 1940

Immediate cause of death: Acute cardiac failure

Due to Congenital heart disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Philip A. Insley M. D. or other

Address Salisbury, Md Date signed 4-21-40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04647

Reg. Dist. No. 330

1. PLACE OF DEATH:
County: Wicomico, Mardela Springs
City or town: Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 62 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Wicomico
City or town: Mardela Springs, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sarah J. Venables

3. (b) Social Security Number: None

4. Sex: F
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Anglo S. Venables
6(c) If alive, give age: 90 years
7. Birth date of deceased (mo., day, yr.): March 11 1855
8. AGE: Years: 85 Months: Days: 22 If less than one day: hrs. min.
9. Birthplace: Penn (Town, county, and state)
10. Usual occupation: House work
11. Industry or business
FATHER 12. Name: Edmund Stout
13. Birthplace: ~~Unknown~~ Penna
MOTHER 14. Maiden name: Martha Hollowell
15. Birthplace: Penna
16. Informant: Margaret A. Johnston
Address: West Chester Pa.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 5 1940 (month) (day) (year)
Cemetery or crematory: M. P. Cemetery
Location: Mardela Spgs Md.
18. Funeral director: Graveno or Bro
Address: Sharptown
19. 4/4/40 19 (Date rec'd by registrar) M H Robertson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 3rd 1940, at 2:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1st 1940, to Apr. 3rd 1940, and that I last saw her alive on Apr. 2nd 19

Immediate cause of death: Cerebral hemorrhage
Due to: age & Vessels
Due to: Vascular system
Other conditions: —
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Fred C Turner M. D. or other
Address: Mardela, Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333 — 04648

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula Hospital

Stay in hospital or inst. (yrs., or mos., or days) 9 Days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Somerset

City or town Dames Quarter Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Raul Roberts Wallace

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	White	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4th 1940

8. AGE:

Years	Months	Days	If less than one day
	1	8	hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Norman Wallace
13. Birthplace Md.

MOTHER
14. Maiden name Marie Laird
15. Birthplace Md.

16. Informant Norman Wallace Jr.
Address Dames Quarter Md.

17. Burial
(Burial, cremation, or removal. Which?) Date thereof Apr 13-40 (month) (day) (year)
Cemetery or crematory Dames Quarter Md.
Location Dames Quarter Md.

18. Funeral director W. W. Webster
Address Deal Island Md.

19. April 12 19 40 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12- 1940 at 1:05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-4- 1940, to 4-12- 1940 and that I last saw h- alive on 4-12- 1940

Immediate cause of death	DURATION
Lobar Pneumonia	9 days.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Clem T. Tinsley M.D.
M. D. or other

Address Salisbury, Md. Date signed 4/12/'40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-D)

Reg. Dist. No. 333

04649

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 708 Lake St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(d) Street No. 708 Lake (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Thelma Wright Waller

3 (b) If veteran, name war

3 (c) Social Security No. none

4. Sex F

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Franklin Waller

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 28, 1913

8. AGE: Years 27 | Months — | Days — | If less than one day ____ hr. ____ min.

9. Birthplace Salisbury Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Daniel Gale
13. Birthplace Salisbury Md.

MOTHER
14. Maiden Name Nettie Wright
15. Birthplace Salisbury Md.

16 (a) Informant Daniel Gall
(b) Address Salisbury Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/40 (month) (day) (year)

(c) Cemetery or crematory Houston Cem.

Location Salisbury Md.

18 (a) Funeral director Mielly Nessick & Sons

(b) Address Hebron Md.

19 (a) 5/2/40 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death 4/28/40 19__, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24, 1940 to Apr. 28, 1940 and that I last saw him alive on Apr. 28, 1940.

Immediate cause of death Intestinal Hemorrhage — Duration Sudden

Due to Rectal carcinoma - Duration - two years

Due to Possible Carcinoma of Intestines — Unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature G. H. Sembly M.D. M. D. or other

Address Salisbury Md. Date signed May 1, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

CERTIFICATE OF DEATH

04650

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Parsonsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Parsonsburg Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Maria Ellen West

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F.	Col.	Widowed

B (b) Name of husband or wife Samuel J. West

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2 1859

8. AGE: Years 80 | Months 9 | Days 27 | If less than one day hrs. min.

9. Birthplace Pittsville Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name George Bishop
13. Birthplace Pittsville Md.

MOTHER 14. Maiden name Chaplin (?)
15. Birthplace Unknown

16. Informant Paul West
Address Parsonsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/7/40 (month) (day) (year)
Cemetery or crematory Bishops Chapel Cem.
Location Parsonsburg, Md.

18. Funeral director Mrs. C. E. Messick & Sons
Address Hebron Md.

19. Apr. 6 1940 (Date rec'd by registrar) William R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1940, at 2:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4th 1940, to April 5th 1940, and that I last saw h alive on April 5th 1940.

	DURATION
Immediate cause of death Cerebral hemorrhage	48 hours
Cardiopis	48 hours
Due to	
Hypertension	5 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles N. Brown M. D.
M. D. or other
Address Salisbury Md. Date signed 4/8/40

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04651

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) ~~no~~

Stay in this community (yrs., or mos., or days) 10

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Dames Quarter Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Elsie White

3. (b) Social Security Number 219-05-3501

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Harold White

6(c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Aug 10 1904

8. AGE: Years 35 Months 7 Days 29 If less than one day ___ hrs. ___ min.

9. Birthplace Dames Quarter md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business no

FATHER
12. Name Massie Rakbury
13. Birthplace Dames Quarter md

MOTHER
14. Maiden name Charlott James
15. Birthplace Dames Quarter md

16. Informant Harold White
Address Dames Quarter md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/12/40 (month) (day) (year)

Cemetery or crematory Dames Quarter md

Location Dames Quarter

18. Funeral director F. T. Webster
Address Deals Island md

19. 4/12 1940 Harriet E. Johnson Social Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1940, at 6:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940, to April 9 1940, and that I last saw her alive on April 9 1940.

Immediate cause of death General Peritonitis — DURATION 5 days

Due to Pelvic Infection — acute salpingitis — 2 weeks

Due to Bilateral perimetritis.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none performed

Of autopsy General peritonitis salpingitis gangrenous ovary

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L A Rademaker M.D.
M. D. or other

Address Salisbury, Md Date signed 4/11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

Dr. Kitts

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04652

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P.G. Hospital
Stay in hospital or inst. (yrs., or mos., or days) 3 days.
Stay in this community (yrs., or mos., or days) 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Eden Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.D. #2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Walton White Jr.

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
8(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 9-1940

8. AGE: Years | Months 1 | Days 10 | If less than one day hrs. min.

9. Birthplace Siloam (Town, county, and state)
10. Usual occupation None
11. Industry or business None

FATHER
12. Name James Walton White
13. Birthplace Siloam Md.

MOTHER
14. Maiden name Ethel Mills
15. Birthplace Mardela Md.

16. Informant Mrs. Ethel M. White
Address Siloam Md.

17. Burial (Burial, cremation, or removal, which?) Date thereof Apr. 20-1940 (month) (day) (year)
Cemetery or crematory Siloam Cem.
Location Siloam Md.

18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.

19. 4/20 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19-1940 19 (at 3 a.m.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 16 1940 to April 18 1940, and that I last saw him alive on April 18 1940.

Immediate cause of death Hydrocephalus (congenital)

DURATION one month

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. W. Kitts M.D. M. D. or other
Address Salisbury, Md. Date signed 4-20-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.